NON EMO HEALTH INSURANCE RATES 7/1/2026-6/30/2027

		High Plan*		
		Single	EE + 1	Family
	Total Monthly Premium	$1,582.06	$3,173.67	$5,076.53

*No new enrollment is available for the High Plan.

Directors and Confidential Managers, Licensed Coordinators, Principals and Salaried Professionals, School Executives, I-M Coordinators, Student Management Specialists	Employee (per pay period)	$480.24	$1,103.52	$1,763.90
	District (per pay period)	$310.79	$483.32	$774.37
Hourly Technical, Confidential Support Specialists	Employee (per pay period)	$474.03	$1,093.85	$1,748.41
	District (per pay period)	$317.00	$492.99	$789.86
Custodians	Employee (per pay period)	$486.34	$1,113.00	$1,779.08
	District (per pay period)	$304.69	$473.84	$759.19
School Nutrition (32+ hours/week)	Employee (per pay period)	$486.34	$1,113.00	$1,779.08
	District (per pay period)	$304.69	$473.84	$759.19
School Nutrition (30-31.9 hours)	Employee (per pay period)	$492.31	$1,288.12	$2,239.55
	District (per pay period)	$298.72	$298.72	$298.72

Premiums updated 5/19/2026

NON EMO HEALTH INSURANCE RATES 7/1/2026-6/30/2027

		Value Plan		
		Single	EE + 1	Family
	Total Monthly Premium	$1,245.77	$2,496.83	$3,997.33
Benefit Language Expires 6/30/2027				
Salaried Professionals, Principals, School Executives	Employee (per pay period)	$195.17	$583.25	$932.96
	District (per pay period)	$427.72	$665.17	$1,065.71
Benefit Language Expired 6/30/2025				
Licensed Coordinators, I-M Coordinators, Student Management Specialists	Employee (per pay period)	$281.02	$716.77	$1,146.87
	District (per pay period)	$341.87	$531.65	$851.80
Benefit Language Expired 6/30/2025				
Directors and Confidential Managers	Employee (per pay period)	$280.24	$715.56	$1,144.93
	District (per pay period)	$342.65	$532.86	$853.74
Benefit Language Expired 6/30/2026				
School Nutrition, Custodian, Confidental Support Specialist, Hourly Technical	Employee (per pay period)	$195.17	$583.25	$932.96
	District (per pay period)	$427.72	$665.17	$1,065.71
School Nutrition (30-31.9 hours)	Employee (per pay period)	$299.83	$925.36	$1,675.61
	District (per pay period)	$323.06	$323.06	$323.06

Premiums updated 5/19/2026

NON EMO HEALTH INSURANCE RATES 7/1/2026-6/30/2027

		HSA/High Deductible Health Plan		
		Single	EE + 1	Family
	Total Monthly Premium	$773.51	$1,550.33	$2,482.08
Benefit Language Expires 6/30/2027				
Salaried Professionals, Principals, School Executives	Employee (per pay period)	$43.27	$86.73	$138.87
	District (per pay period)	$343.49	$688.44	$1,102.17
Benefit Language Expired 6/30/2025				
Licensed Coordinators, Principals, I-M Coordinators, Student Management Specialists	Employee (per pay period)	$117.67	$235.85	$377.60
	District (per pay period)	$269.09	$539.32	$863.44
Benefit Language Expired 6/30/2025				
Directors and Confidential Managers	Employee (per pay period)	$101.53	$234.12	$374.83
	District (per pay period)	$285.23	$541.05	$866.21
Benefit Language Expired 6/30/2026				
School Nutrition, Custodian, Confidental Support Specialist, Hourly Technical	Employee (per pay period)	$43.27	$86.73	$138.87
	District (per pay period)	$343.49	$688.44	$1,102.17
School Nutrition (30-31.9 hours/week)	Employee (per pay period)	$137.01	$274.61	$439.66
	District (per pay period)	$249.75	$500.56	$801.38

Premiums updated 5/19/2026

NON EMO HEALTH INSURANCE RATES 7/1/2026-6/30/2027

		2026 HSA IRS Contribution Limits (employee contributions are optional)		
		Single	EE + 1	Family
Annual IRS Maximum	**Up to age 55**	**$4,400.00**	**$8,750.00**	**$8,750.00**
	Age 55 +	**$5,400.00**	**$9,750.00**	**$9,750.00**
	District (Per Payroll)	$100.00	$200.00	$200.00
	District (Monthly)	$200.00	$400.00	$400.00
	District (Annual)	$2,400.00	$4,800.00	$4,800.00

Premiums updated 5/19/2026